

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/049763

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		2		1		
6		2		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
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TOTAL IND.		1		1		1
TOTAL DEP.		22		1		1
TOTAL CLAIMS		23		2		2

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		1		1		1
TOTAL DEP.		22		1		1
TOTAL CLAIMS		23		2		2

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS